

SHORT REPORT

The role of mayors in protecting citizens' health: a brief report from Italy

Lorenzo Blandi¹, Vincenzo Navobi Porrello¹, Carlo Signorelli², Anna Odone¹

¹Department of Public Health, Experimental and Forensic Medicine, University of Pavia, Pavia, Italy; ²School of Medicine, Vita-Salute San Raffaele University, Milan, Italy

Abstract. The World Health Organization has identified urbanization as one of the most important public health challenges of our century. Nowadays, about half of the world's population live in urban areas, thus municipal authorities can influence multiple determinants of health through Urban Health strategies. However, the health policies and welfare systems are usually managed by multi-level political governments. The aim of this report is to describe the legal and operational competences attributed to mayors and municipal councils with reference to health, taking Italy as case study. Our report summarises and analyses the national, regional, and local Italian legislations. Our results identified the mayors as the highest local health authorities. Indeed, the mayor can issue specific regulations for their local area or order contingent and urgent measures for preventing or delimiting serious health hazards for the safety of their citizens. Moreover, among their duties, municipalities play a crucial role in social care. Hence, municipalities are expected to cooperate with National Health Service at the regional level, to integrate their contributions in a single welfare system. In conclusion, mayors represent the institutional figures closest to the citizens. Municipalities and regional governments should coordinate and integrate their strategies and policies to meet health and social needs of citizens, providing easy access to shared pathways. Municipalities also regulate autonomously fundamental aspects related to the urban environment and can promote and protect health and improve the quality of life for citizens. (www.actabiomedica.it)

Key words: Mayor, city, urban health, prevention, welfare system

Introduction

Health is a Constitutional right in Italy, safeguarded as a fundamental right of the individual and as a collective interest (1). The Constitution puts the legislative healthcare-related competence and accountability in State and Regions (2). The Regional Governments work in collaboration with healthcare institutions to ensure homogenous healthcare provision for citizens throughout the country, involving municipalities only for the planning of health services (3). The shared goal is to provide a single well-organized welfare system, as integrated as possible between the

national, regional, and local levels (4). Thus, it is crucial to involve the mayor, as representative of the municipal council (5), in the organization of the welfare system, especially in urban areas. Indeed, the last decades have witnessed a dramatic increase in urbanization (6). Nowadays, about half of the world's population live in urban areas, and by 2050, 70% of the global population will live in cities (7). Today, around 55.8% of Italians live in urban areas (8). This resulted in multiple determinants of health influenced by municipal regulations, enhancing the importance of Urban Health strategies (9,10). WHO has identified urbanization as one of the pivotal public health challenges of our century (11),

thus, city leaders should take local actions for solving global health problems (12). Municipalities are important allies in achieving vital goals for the future of the planet (13). Indeed, the mayor can understand the local context and find solutions which take into consideration multiple dimensions. There is a mutual relationship between urban social conditions and the environment (14). For instance, poorly planned cities and inefficient public transit and road systems can result in long and expensive commutes for low-income communities, reduce the opportunity for social gatherings and for leisure and recreation, create conditions that favour crime and violence, or reduce access to basic facilities and services (15). Consequently, municipal councils certainly play a leading role in all interventions aimed at protecting the health of the environment and citizens. Cities are necessarily places where problems emerge, but also where more effectively solutions can be identified and tested, and thus they play a central role in determining the quality of the environment and, therefore, the quality of life of its inhabitants (16).

In the context of a welfare system managed by multi-level political governments, it is important to understand the role of mayors and municipalities, according to the current legislation. The aim of this report is to describe the legal and operational competences attributed to Italian mayors and municipal councils with reference to health. Our analysis is based on the national, regional, and local legislations on the responsibilities of municipalities and mayors for health policies in Italy. Relevant normative references and preambles were searched and included in the identified results. The legislation no longer in force is also included for a better understanding of the evolution of competencies in health matter over time. We provided

the Italian translation in square brackets of specific technical word in order to improve the accuracy and the clarity of what is reported (17).

The historical trajectory

The Italian legislation regarding municipal health authorities was summarized by the “Consolidated Text of Health Laws” [Testo Unico delle Leggi Sanitarie] in 1934 (18). This act identified the *podestà* (ancient name of Major), as local health authority, supported by a designed medical doctor [medico condotto]. This medical doctor supervised the hygienic and health conditions throughout the municipality, reporting to the health authority any transgression of health laws, or anything that, in the interest of public health, may needed special and extraordinary measures. The designed medical doctor also collaborated with the health authority for all the health measures ordered either by the local or higher authorities and collected all the elements for the annual report on the health status of the municipality (19).

Over the next years, the most important reformation in health policies was achieved with the institution of the National Health Service, established in 1978 (20). One of the most important innovations introduced by this law were the Local Health Units (USL), agencies in charge to provide the necessary health services to all citizens without distinction of individual and social conditions (20), following a Beveridge healthcare model. This law also reconfirmed the mayor as the highest local health authority and the USLs were committed to support the public health functions together with the local autonomies.

Table 1. Most relevant health policies national legislation for local autonomies.

Year	Regulation	Subject
1934	Royal Decree N. 1265	Consolidated Text of Health Laws
1978	Law N. 833	Institution of the National Health Service
1992	Legislative Decree N. 502	Re-organisation of health regulations
1993	Legislative Decree N. 517	Urgent organisational measures for Local Health Unit
1999	Legislative Decree N. 299	Rules for the rationalisation of the National Health Service
2000	Legislative Decree N. 267	Consolidated Text of Municipalities
2001	Constitutional Law N. 3	Modification of powers conferred on Regions in health matters

In the 90s, Regional Governments obtained ever-growing autonomy to determine the principles about the organization of services and activities intended for health provision (21). Moreover, to the Regional Governments was asked to establish and regulate the Permanent Conferences for regional health planning [Conferenze dei sindaci], institutional bodies which included representatives of local autonomies, that's to say the mayors of the local areas. This institutional bodies should also contribute and express their considerations on the Regional Health Plan [Piano Sanitario Regionale], a technical document related to the health provision for citizens and elaborated by each Region. The Permanent Conference also participated in the monitoring of the implementation of the Regional Health Plan (21). In compliance with Legislative Decree 502 of 1992, USLs were also converted from Agencies to Authorities (21,22), known mainly as ASL (Local Health Authorities), to take over a management model similar to that of private companies and to become more efficient and economically sustainable. Finally, the result of the referendum led to a health federalist system in 2001, by the approval of a Constitutional Reform (2). Thus, the power of healthcare system organization and management was shifted to the Regional Governments, except for the determination of fundamental principles, which are still reserved for State. The National Health Service was divided into 21 Regional Health Services, as many as the Regions and Autonomous Provinces in Italy (23), so municipalities were called to move in an ever-greater context-specific and complex synergy among competing multi-level legislators.

Overview of current laws

Nowadays, the mayor is the highest local health authority according to the "Consolidated Text of Municipalities" [Testo Unico degli Enti Locali] issued in 2000 (5). The mayor's competences – also expressed through its municipal offices – are wide and related to a multitude of heterogenous technical aspects. These aspects need a multi-professional approach and a deep knowledge of many disciplines. The municipalities can issue specific regulations [regolamenti] for their local area. In particular, the Regulation of Hygiene plays

a crucial role and can provide specific requirements for urban health and environmental issues. Equally, the mayor is also accountable for ordinary or urgent health-related matters and for social care aspects. Thus, the municipality is expected to cooperate with Regional Health Service to integrate their contributions in a single welfare system.

Urban health and environmental issues

The municipality regulates the planning of new buildings and constructions and controls the existing ones, according to the requirements expressed by their regulations. Among the ordinary responsibilities, the mayor can declare a building, or part of it, uninhabitable. Indeed, the municipality takes into considerations the characteristics of buildings and their implications for health (24), both for indoor well-being and for the environment protection (25). The municipality also manages the waste collection and monitors the adherence to the municipal regulation, eventually fining citizens for violations of the disposals. Equally, the water and sewage supplies are provided and controlled by the municipality, requiring standards of safety to prevent any hazard for the citizens and the environment. Thus, in some cases, urgent Orders [ordinanze] issued by the mayor concern the declaration of non-potable water, restrictions for nuisance noise, securing against collapse hazards, restrictions of various kinds to prevent health damage, while ad hoc regulations govern the power to collect and dispose of solid urban waste and open shops (26). The mayor also plans and manages the traffic circulation and the road safety. Under the direction of mayor, the Local Police carries out prevention, control and repression activities on all these urban health and environmental aspects, to check the compliance with the regulations, orders and laws.

Citizens' health issues

As highest local health authority, the mayor is called upon the responsibility about health decisions for individuals and for the community. The mayor, on the proposal of a medical doctor belonging to the Regional Health Service, can order compulsory health investigations and treatments [trattamenti sanitari obbligatori]

for patients with reference to both non-communicable diseases, such as mental illnesses or psychic alterations, and with communicable diseases which can endanger the community. Indeed, the mayor can order contingent and urgent measures for preventing or delimiting serious health hazards for the safety of citizens. That includes health emergencies in the local area of competence, such as an epidemic or another dangerous and imminent harm to public health. To carry out all these activities, the mayor is supported by the Local Police.

Collaboration with regional health service

As we already mentioned, the municipality works together with the Regional Health Service on different issues. This collaboration ranges widely; for instance, the municipality can promote and monitor food safety and prevent communicable diseases together with regional or local public health officers. Among their duties, municipalities also play a crucial role in the area of social care. The municipalities can help citizens, sometimes even financially, to receive social and health care, like home care, residential and semi-residential care, or special transportations. Those services are usually dedicated to frail elderly or disabled people (e.g., older people with dementia), and should be linked to the services provided by the healthcare system. Thus, this area needs to be integrated with the Regional Health Service, providing a single welfare system for citizens. Indeed, according to the current national legislation, adopted and autonomously organized by regional laws, the municipalities participate to institutional bodies for planning of social and health services, similar to the abovementioned Permanent Conference. This institutional bodies express the needs and proposals for the local distribution of financial resources and health services; they monitor the planning and implementation of health and social care projects and interventions in the local area; they contribute to the processes of integration between the social and health services (27).

Conclusions

The results of our report allow to describe the competences attributed to Italian mayors and municipal

councils [consigli comunali] in health matters from a legal standpoint. Over the years, it emerged an ever-greater complex and context-specific setting for integration of social and healthcare services. Nowadays, each Regional Health Service is autonomously organized by the Regional Government, and municipalities collaborate to meet health and social needs of citizens among competing political actors with different legislative powers.

Over the whole historical trajectory, mayors have always been identified as the highest health authorities. They represent the institutional figures most in proximity to the citizens and who can operate closely with them. Sustainable Development Goals underlined the need to make cities and human settlements inclusive, safe, resilient, and sustainable: cities should encourage better urban planning that prioritizes improving access to safe systems, green and public spaces, and that improves air quality to reduce the number of road fatalities and promote physical activity (28).

Thus, on one hand municipalities should work in collaboration with Regional Governments and focus on the integration of social and health care services, providing easy access to shared pathways. Municipalities can also cooperate for the implementation of health plans and strategies, as they could have the deepest knowledge of territorial needs of their citizens. Indeed, each municipality should know the health profile of its local area, supported by technical analysis of experts. The elaboration of this health profile must involve social and health care professionals, and all the stakeholders from the local community. This information can be enriched by other collected with social media tool (29), taking into account the specific use of each group of population (30). This approach will allow mayors to improve Urban Health and wellbeing of citizens and communities.

On the other hand, municipalities autonomously regulate fundamental aspects related to the urban setting. Environmental interventions can promote and protect health and improve the quality of life for citizens (14). A well-regulated traffic circulation and effective road safety can protect people, since road accidents are a frequent cause of death and disability, especially among young people (31). Moreover, the construction of sidewalks and bicycle lanes can promote health,

encouraging physical activity and healthy behaviours. Among these environmental interventions, municipalities should focus also on pollution control, well-organized waste collections, surveillance of factories and industries emissions, promotion of more efficient strategy for building heating and cooling (32). Finally, from our report emerges that mayors can improve and protect their citizens' health by promoting cities' health in the first place.

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References

1. Costituzione Italiana - Articolo 32 [Internet]. [cited 2023 Feb 16]. Available from: <https://www.senato.it/istituzione/la-costituzione/parte-i/titolo-ii/articolo-32>
2. Legge Costituzionale 18 ottobre 2001, n. 3 [Internet]. [cited 2023 Feb 16]. Available from: <https://www.gazzettaufficiale.it/eli/id/2001/10/24/001G0430/sg>
3. La regionalizzazione e la leale collaborazione tra i livelli di governo - [Internet]. [cited 2023 Feb 16]. Available from: https://www.salute.gov.it/portale/ministro/p4_5_2_4_2.jsp?lingua=italiano&menu=uffCentrali&label=uffCentrali&id=574
4. Libro bianco sui principi fondamentali del servizio sanitario nazionale [Internet]. [cited 2023 Feb 16]. Available from: https://www.salute.gov.it/imgs/C_17_pubblicazioni_808_allegato.pdf
5. Testo unico delle leggi sull'ordinamento degli enti locali [Internet]. [cited 2023 Feb 8]. Available from: <https://dait.interno.gov.it/finanza-locale/documentazione/testo-unico-delle-leggi-sullordinamento-degli-enti-locali>
6. Henderson V. The urbanization process and economic growth: The so-what question. *Journal of Economic Growth*. 2003 Mar;8(1):47–71. doi: <https://doi.org/10.1023/A:1022860800744>
7. Urban Development Overview [Internet]. [cited 2023 Feb 16]. Available from: <https://www.worldbank.org/en/topic/urbandevelopment/overview>
8. Annuario statistico italiano 2021 [Internet]. [cited 2023 Feb 8]. Available from: <https://www.istat.it/it/archivio/264305>
9. Lowe M, Adlakha D, Sallis JF, et al. City planning policies to support health and sustainability: an international comparison of policy indicators for 25 cities. *Lancet Glob Health*. 2022;10(6):e882–e894. doi:10.1016/S2214-109X(22)00069-9
10. Signorelli C, Odone A, Buffoli M, Capolongo S. Building codes and public health on both sides of the Atlantic. *J Public Health Policy*. 2016;37(3):385–387. doi:10.1057/s41271-016-0010-7
11. Il ruolo delle città per la lotta alle malattie croniche e agli incidenti stradali [Internet]. [cited 2023 Feb 8]. Available from: https://www.epicentro.iss.it/politiche_sanitarie/healthy-cities-2019
12. Tsouros A. City leadership for health and well-being: back to the future. *J Urban Health*. 2013;90 Suppl 1(Suppl 1):4–13. doi:10.1007/s11524-013-9825-8
13. XIII Rapporto Qualità dell'ambiente urbano - Edizione 2017 [Internet]. [cited 2023 Feb 8]. Available from: <https://www.isprambiente.gov.it/it/pubblicazioni/stato-dellambiente/xiii-rapporto-qualita-dell2019ambiente-urbano-edizione-2017>
14. Wuerzer T. Urban Health. *Encyclopedia of Quality of Life and Well-Being Research*. 2014;6835–7. doi:10.1007/978-94-007-0753-5_3127
15. Friel S, Akerman M, Hancock T, et al. Addressing the social and environmental determinants of urban health equity: evidence for action and a research agenda. *J Urban Health*. 2011;88(5):860–874. doi:10.1007/s11524-011-9606-1
16. Finocchiaro G, Iaccarino S. Qualità dell'ambiente urbano – XIII Rapporto (2017) ISPRA Stato dell'Ambiente 74/17 pagg. 30–39
17. European Association of Science Editors. 2018. EASE Guidelines for Authors and Translators of Scientific Articles to be Published in English. *European Science Editing* 44(4):e1–e16. doi:10.20316/ESE.2018.44.e1
18. Regio Decreto 27 luglio 1934, n. 1265 [Internet]. [cited 2023 Feb 16]. Available from: <https://www.normattiva.it/atto/caricaDettaglioAtto?atto.dataPubblicazioneGazzetta=1934-08-09&atto.codiceRedazionale=034U1265&tipoDettaglio=originario&qId=&tabID=0.9821836993459783&title=Atto%20originario&bloccoAggiornamentoBre adCrumb=true>
19. Regio Decreto 27 luglio 1934, n. 1265 [Internet]. [cited 2023 Feb 9]. Available from: <https://www.normattiva.it/uri-res/N2Ls?urn:nir:stato:regio.decreto:1934-07-27;1265>
20. Legge 23 dicembre 1978, n. 833 [Internet]. [cited 2023 Feb 16]. Available from: <https://www.gazzettaufficiale.it/eli/id/1978/12/28/078U0833/sg>
21. Decreto Legislativo 30 dicembre 1992, n. 502 [Internet]. [cited 2023 Feb 9]. Available from: <https://www.normattiva.it/uri-res/N2Ls?urn:nir:stato:decreto.legislativo:1992-12-30;502;vlg=>

22. Decreto-Legge 27 agosto 1994, n. 512 [Internet]. [cited 2023 Feb 16]. Available from: <https://www.gazzettaufficiale.it/eli/id/1994/10/26/094A6595/sg>
23. Buffoli M, Capolongo S, Odone A, Signorelli C. Salute e Ambiente. Igiene edilizia, urbanistica e ambientale. EdiSES, Napoli, 2016, pagg. 1-374. ISBN 978-88-7959-894-1
24. Gola M, Signorelli C, Buffoli M, Rebecchi A, Capolongo S. Local health rules and building regulations: a survey on local hygiene and building regulations in Italian municipalities. *Ann Ist Super Sanita*. 2017;53(3):223-230. doi:10.4415/ANN_17_03_08
25. Signorelli C, Capolongo S, Buffoli M, et al. Italian Society of Hygiene (SItI) recommendation for a healthy, safe and sustainable housing. *Epidem Prev* 2016; 40(3-4): 265-270. doi: 10.19191/EP16.3-4.P265.094.
26. Signorelli C, Gattinoni A. Le ordinanze del Sindaco a valenza igienico-sanitaria: presupposti, applicabilità e condizioni per poter derogare norme di legge. Atti 43° Congresso Nazionale SItI. *Panorama della Sanità*, 2008;36(S1):467
27. DGR n. XI/6762, Regione Lombardia - Regolamento di funzionamento della conferenza dei sindaci, del collegio dei sindaci, del consiglio di rappresentanza dei sindaci e dell'assemblea dei sindaci del distretto [Internet]. [cited 2023 Feb 16]. Available from: <https://www.regione.lombardia.it/wps/portal/istituzionale/HP/istituzione/Giunta/sedute-delibere-giunta-regionale/DettaglioDelibere/delibera-6762-legislatura-11>
28. World Health Organization & UN-Habitat. (2016). Global report on urban health: equitable healthier cities for sustainable development. World Health Organization. <https://apps.who.int/iris/handle/10665/204715>
29. Arribas-Bel D, Kourtit K, Nijkamp P, Steenbruggen J. Cyber Cities: Social Media as a Tool for Understanding Cities. *Appl Spat Anal Policy*. 2015 Sep 1;8(3):231-47; doi: 10.1007/s12061-015-9154-2
30. Blandi L, Sabbatucci M, Dallagiacoma G, Alberti F, Bertuccio P, Odone A. Digital Information Approach through Social Media among Gen Z and Millennials: The Global Scenario during the COVID-19 Pandemic. *Vaccines (Basel)*. 2022;10(11):1822. Published 2022 Oct 28. doi:10.3390/vaccines10111822
31. Incidenti stradali, anno 2021. Report ISTAT [Internet]. [cited 2023 Feb 16]. Available from: https://www.istat.it/it/files//2022/07/report_incidenti_stradali_2021.pdf
32. Azzopardi-Muscat N, Brambilla A, Caracci F, Capolongo S. Synergies in Design and Health. The role of architects and urban health planners in tackling key contemporary public health challenges. *Acta Biomed*. 2020;91(3-S):9-20. Published 2020 Apr 10. doi:10.23750/abm.v91i3-S.9414

Correspondence:

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Lorenzo Blandi, MD

Department of Public Health, Experimental
and Forensic Medicine,

University of Pavia, Pavia, Italy

Via Forlanini 2, Pavia, 27100 Italy

E-mail: lorenzo.blandi@unipv.it